

Overview of alcohol screening in NT ACCHSs

Dr Ruwani Peiris, public health registrar AMSANT

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Overview

1. Context: drinking patterns in Aboriginal communities
2. Alcohol screening tools
3. Alcohol screening as a KPI
4. Factors that affect alcohol screening rates
5. CQI questions to ask next

1. Context: drinking patterns in NT Aboriginal communities

- ▶ 44% of Aboriginal people in NT are non-drinkers (2019 ABS data)
- ▶ But those who drink have more harm/injury than non-Aboriginal drinkers
 - ▶ Hospitalisation at 10 times the rate of non-Indigenous people (2017-2019 AIHW data)
- ▶ Different drinking patterns from 'mainstream'
 - ▶ Shared drinking
 - ▶ Non-standard containers (like soft drink bottles)
 - ▶ Stop-start drinking

2. Alcohol screening tools

- ▶ A set of questions
- ▶ High score = at risk of harm
- ▶ AUDIT-C
 - ▶ Short = good for use in clinic
 - ▶ More sensitive scores for Aboriginal populations = detects more people at-risk

AUDIT-C Screening Tool

Q1: How often did you have a drink containing alcohol in the past year?

Answer	Points
Never	0
Monthly or less	1
Two to four times a month	2
Two to three times a week	3
Four or more times a week	4

Q2: How many drinks did you have on a typical day when you were drinking in the past year?

Answer	Points
None, I do not drink	0
1 or 2	0
3 or 4	1
5 or 6	2
7 to 9	3
10 or more	4

Q3: How often did you have six or more drinks on one occasion in the past year?

Answer	Points
Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

2. Alcohol screening tools

- ▶ Difficulties with screening tools:
 - ▶ Not 'validated' in Aboriginal populations
 - ▶ Not designed for Aboriginal communities
 - ▶ Language barriers, cultural differences

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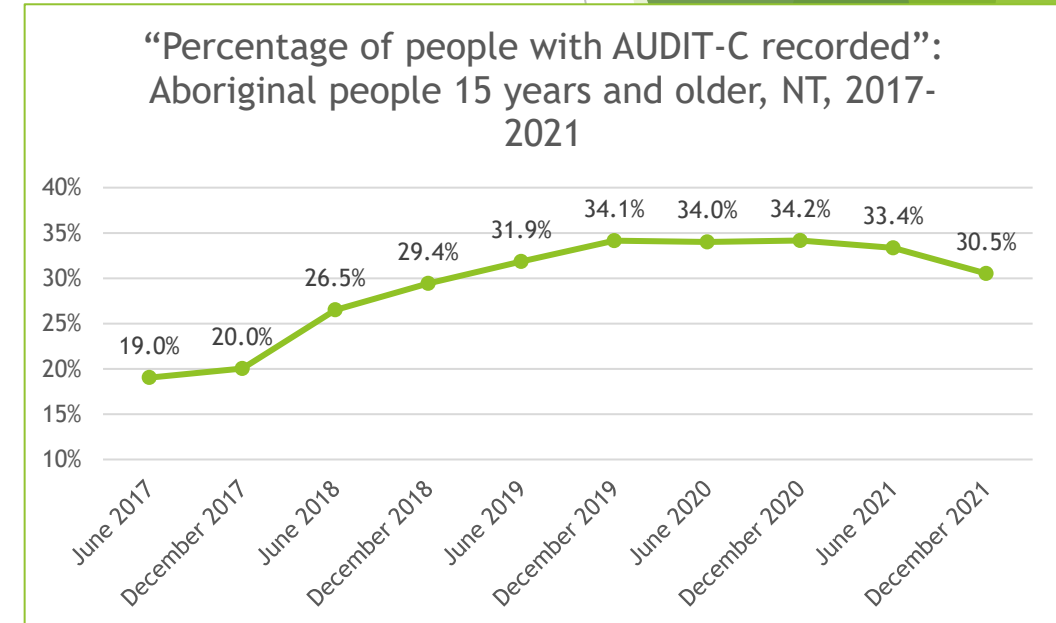
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3. Alcohol screening as a KPI

- ▶ AUDIT-C was a national AHKPI
 - ▶ Put in 715 Health check & Communicare
 - ▶ BUT retired in 2022: “low uptake”
- ▶ In the NT, ~50% of recorded AUDIT-C scores were ‘low-risk’
- ▶ Are we doing enough screening?
 - ▶ Hard to know, but probably not



Source: AIHW (2022)

4. Factors that affect alcohol screening rates

Health system level	Practice level	Provider level	Client level
Public awareness	IT system quality	Experience with screening	Modified wording
Treatment availability	Resources/ materials	Simple vs complex tools	Sensitive topic
Remoteness of clinics	Senior management support	Beliefs (e.g. does screening work)	
	Staffing levels	Time	
	Staff turnover	Competing priorities	
		Training	
		Data entry	

5. CQI questions to ask next

- ▶ Should alcohol screening be a KPI again... and should it be AUDIT-C?
- ▶ Would a screening tool designed for Aboriginal people improve screening rates?
- ▶ Does more screening → more treatment? (and if not... how to improve treatment rates?)

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